ALABAMA RYAN WHITE HIV/AIDS PART B Services STATEMENT OF TEMPORARY HOUSING

The United States Government requires verification that applicants or enrollees have a permanent residence in the State where RWHAPB funded services are being accessed.					
I am applying or completing Client Eligibility Reassessment (CER) to receive services through the Alabama Ryan White HIV/AIDS Part B (RWHAPB) Federally Funded Program.					
I am reporting that I currently have no permanent physical Alabama address. My current source(s) of temporary shelter and support are being provided by (List each source).					
true. I u denial d	I am providing a current state Alabama address. I expect to have a permaner// I do not expect my housing so a lunderstand that it is my resonant arrangements to my Case work arrangements to my Case work arrangement of Temporary Houseligible for Alabama's RWHA and a large that the information of my RWHA are large (Print):	nt resident soon (date if known of the control of t	own). The soon. The report chest address, ment twice	anges in my living I must complete a e a year to remain mporary Housing is	
Address	5:(City:S	State:	Zip Code:	
			Date:		
Signature/CM/SW:			Date:		

Alabama Ryan White HIV/AIDS Part B Services Statement of Temporary Housing Form Services Only/None ADAP Revised 2016-B